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,				Raymond A. Dil		(Depositor's name)
				/////		(Signature)
				November 17, 2	2010	(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	AT	TORNEY DOCKET NO.	CONFIRMATION NO.
10/578,017	10/578,017 03/19/2007		Kouji Muraoka		U 016277-1	6683
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FE	E TOTAL FEE(S) DUE	E DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	11/30/2010
	/INER	ART UNIT	CLASS-SUBCLASS			
HO, TAN		2821	343-897000	_		
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> <li>ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON</li> </ol>			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  SHUHOU CO., LTD.  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  FUKUI, JAPAN						
Recorded: 03/19/2007 Reel/Frame: 019364 / 0205  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government						
	are submitted:  No small entity discount p # of Copies	permitted)	<ul> <li>D. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)</li> <li>A check is enclosed.</li> <li>Payment by credit card. Form PTO-2038 is attached.</li> <li>The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 12-0425 (enclose an extra copy of this form).</li> </ul>			
a. Applicant clain	atus (from status indicate ns SMALL ENTITY statu	is. See 37 CFR 1.27.	ab. Applicant is no los			
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